Massachusetts Department of Public Health

PUBLIC HEALTH COUNCIL

August 10, 2022

Please standby – the meeting will begin shortly

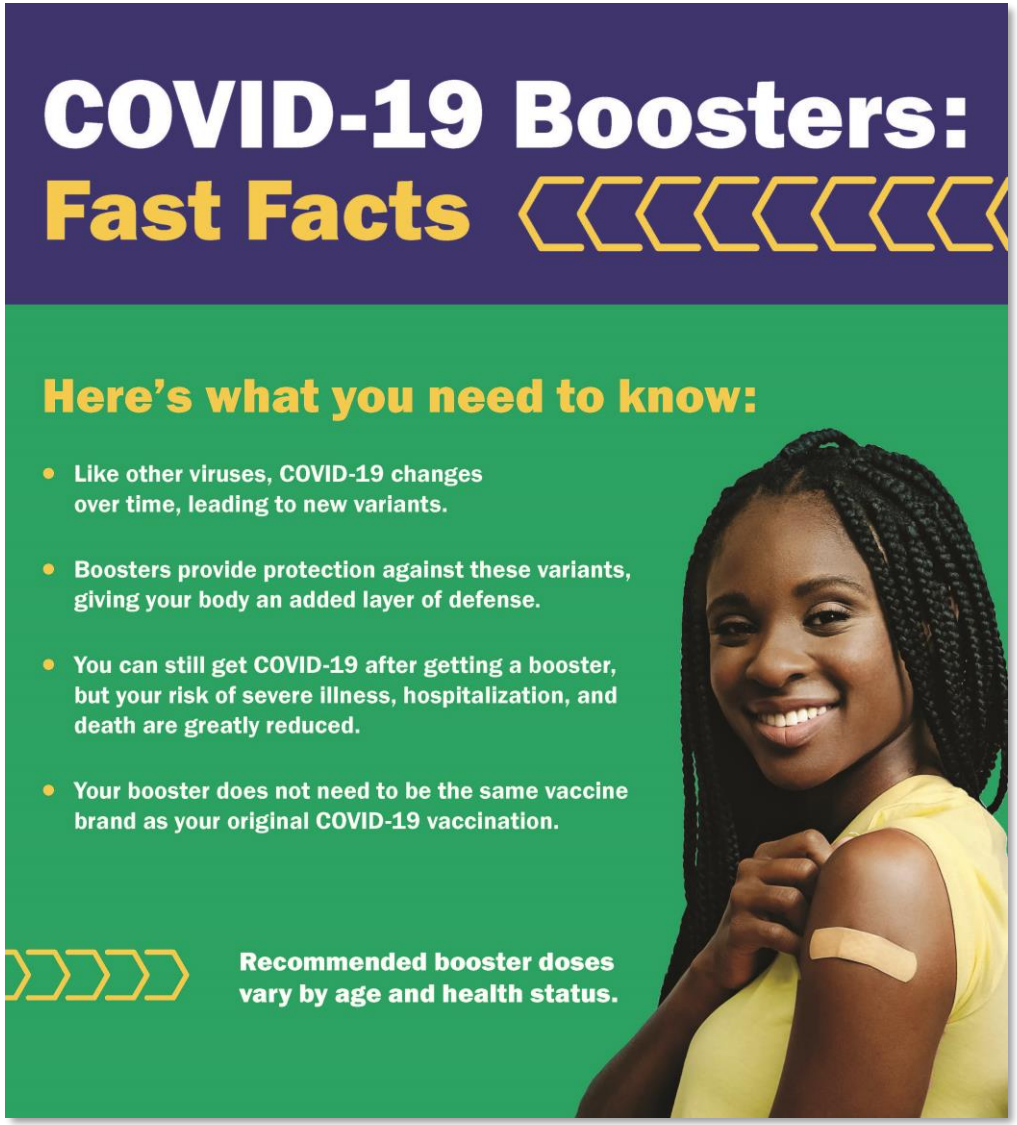
Today's presentation is available on the mass.gov/dph website under "Upcoming Events" by clicking on the August 10th Public Health Council listing

Massachusetts Department of Public Health

PUBLIC HEALTH COUNCIL MEETING
AUGUST 10, 2022

Margret R. Cooke, Commissioner

COVID-19 Boosters



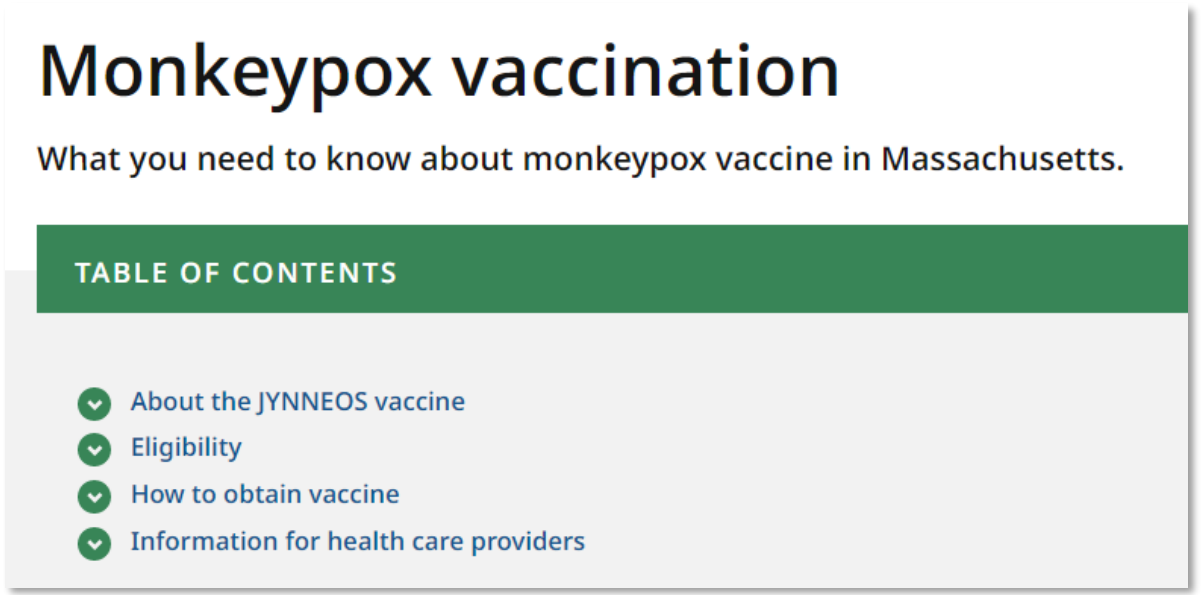
Check with your doctor or visit
mass.gov/CovidBooster

988 Launch

Leaders of our 988 team meet with Samaritans on launching the new three-digit number for compassionate, emotional support in multiple languages

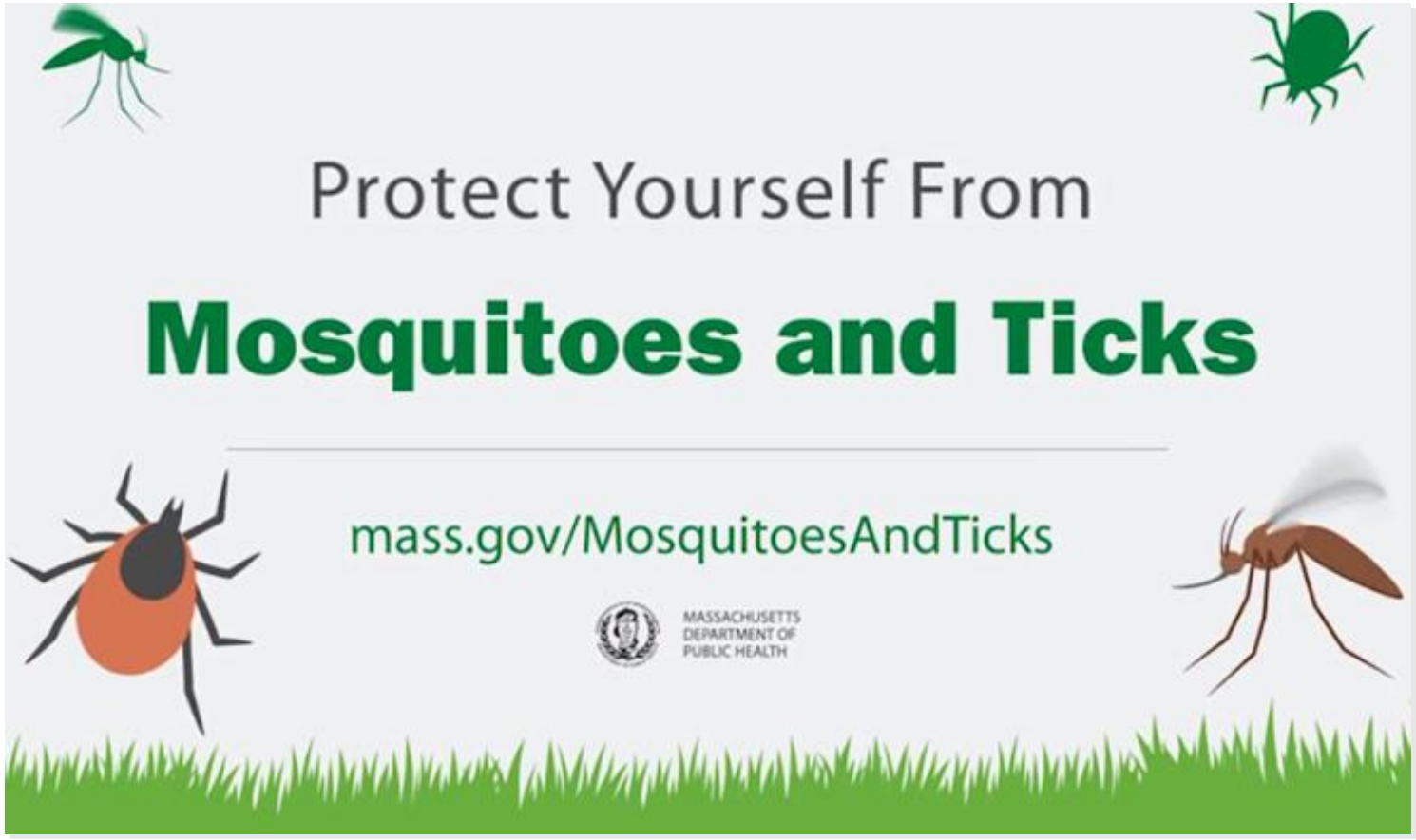
Mass.gov/988

Monkeypox Virus



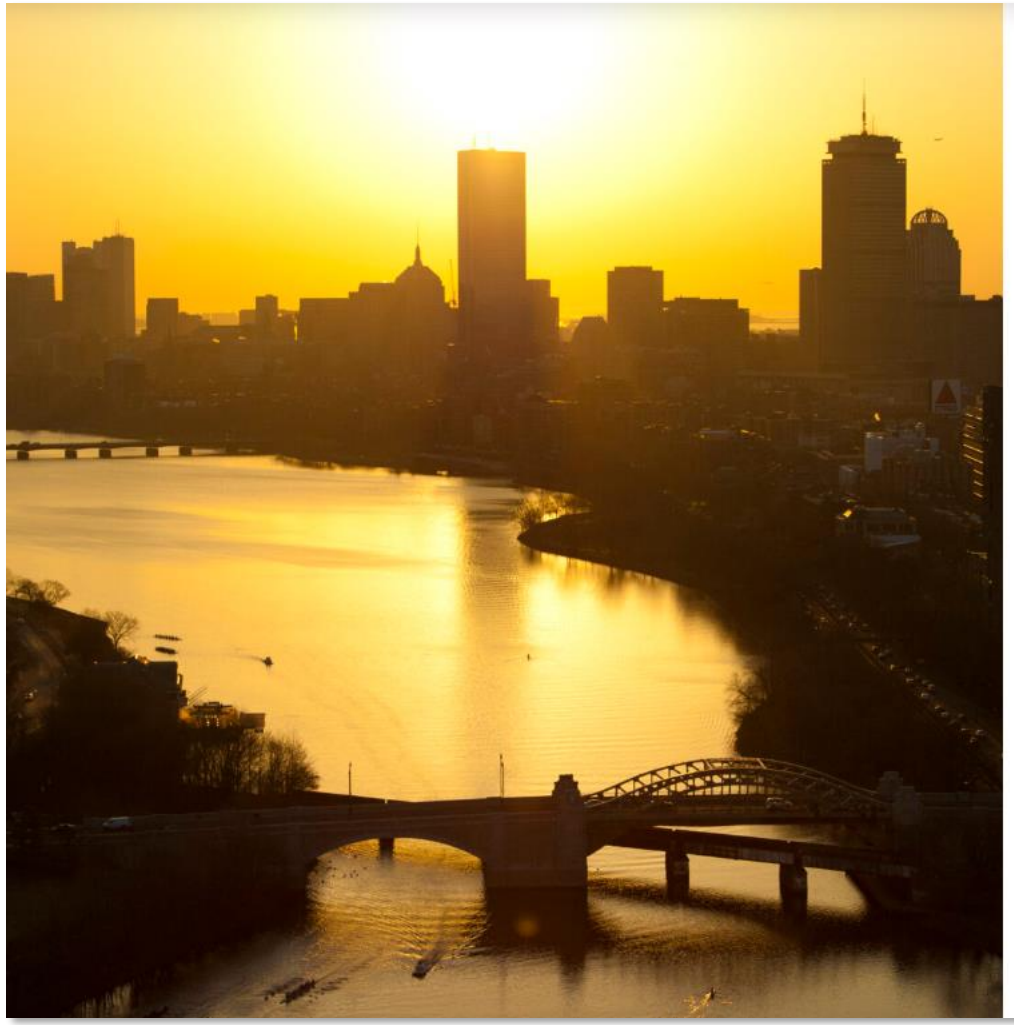
Mass.gov/MonkeypoxVaccine

Mosquitoes and Ticks



Visiting our State Public Health Laboratory

MA Named Healthiest State



BIOSTATISTICS AND EPIDEMIOLOGY DATA ANALYTICS CENTER

Massachusetts Ranks as Healthiest State in US on Sharecare's Community Well-Being Index

Massachusetts Department of Public Health

PUBLIC HEALTH COUNCIL MEETING
AUGUST 10, 2022

Margret R. Cooke, Commissioner

Determination of Need:

*Request by **Fairlawn Rehabilitation Hospital** for a substantial capital expenditure*

Determination of Need:

*Request by the **Children's Medical Center Corporation** for a transfer of ownership*

Massachusetts Department of Public Health

Serious Reportable Events:

Calendar Year 2021

Katherine T. Fillo, Ph.D., MPH, RN-BC
Bureau of Health Care Safety and Quality

Katherine Saunders, M.S.
Bureau of Health Care Safety and Quality

Overview

- Purpose
- Background
- Serious Reportable Event Category Definitions
- Findings
- Quality Improvement Activities

Purpose

This presentation is given for the following purposes:

- To provide an update of the Serious Reportable Event program and related quality improvement activities at the Bureau of Health Care Safety and Quality; and

- To share the trends in the types and volume of Serious Reportable Events reported in 2021 and previous years.

Background

Adverse events that occur in the health care setting are a patient safety concern and public health issue.

- The Office of the Inspector General found that adverse events occur in 13.5% of hospital admissions of Medicare beneficiaries (2010).

- It is also projected that 10% of Medicare patients nationally experience an adverse event during a rehabilitation hospital stay (OIG, 2016).

Section 51H of chapter 111 of the Massachusetts General Laws authorizes the Department to collect adverse medical event data and disseminate the information publicly to encourage quality improvement.

Background

- The National Quality Forum (NQF) has operationalized a group of adverse events into measurable, evidence-based outcomes called Serious Reportable Events (SRE).
- MA adopted SREs as its adverse event reporting framework in 2008.
- There is no federal adverse event reporting system. Twenty-seven other states developed and implemented state-based adverse event reporting programs.
  - Over half of those use the SRE framework including Connecticut, Minnesota and New Hampshire.

SREs and the COVID-19 Public Health Emergency

- In 2021, nonessential and elective invasive procedures were reduced by:
  - Order Of The Commissioner Of Public Health Regarding Scheduling And Performance Of Elective Invasive Procedures *(June 24, 2020 - March 1, 2021)*
  - COVID-19 Public Health Emergency Order No. 2021-14 *(November 23, 2021)*

- Very few SREs were reported by ambulatory surgical centers in calendar year 2021 and the number of SREs associated with surgical or invasive procedures was slightly diminished overall as compared to pre-pandemic levels.

SREs Defined

Section 51H of Chapter 111 of the General Laws:

- “Serious reportable event”, an event that results in a serious adverse patient outcome that is clearly identifiable and measurable, reasonably preventable, and that meets any other criteria established by the department in regulations.

105 CMR 130.332 and 105 CMR 140.308:

- Serious Reportable Event (SRE) means an event that occurs on premises covered by a hospital's license that results in an adverse patient outcome, is clearly identifiable and measurable, has been identified to be in a class of events that are that are largely preventable and harmful, and of a nature such that the risk of occurrence is significantly influenced by the policies and procedures of the hospital. The Department issued a list of SREs based on those events included on the NQF table of reportable events to which 105 CMR 130.332 and 105 CMR 140.308 apply in guidance.

Reporting Requirements

- Hospitals and ambulatory surgical centers (ASCs) are required to report SREs to the patient/family and the Bureau of Health Care Safety and Quality (BHCSQ) within seven days of the incident.
- An updated report to BHCSQ, the patient/family and the insurer is required within 30 days of the incident, including documentation of the root cause analysis findings and determination of preventability as required by 105 CMR 130.332(c) & 105 CMR 140.308(c).
- In June 2009, the Department implemented regulations prohibiting health care facilities from charging for services provided as a result of preventable SREs.
- Amendments adopted as part of the hospital regulatory review completed in 2017 streamlined the reporting process without removing transparency.

SRE Types

Surgical or Invasive Procedure Events

- Wrong Site Surgery or Procedure
- Surgery or Procedure on Wrong Patient
- Wrong Surgery or Procedure
- Unintended Retention of a Foreign Object
- Intraoperative or Immediate Postoperative Death of an ASA Class 1 Patient

Product or Device Events

- Death or Serious Injury Related to Contaminated Drugs, Biologics, or Devices
- Death or Serious Injury Related to Device Misuse or Malfunction
- Death or Serious Injury Due to Intravascular Air Embolism

Patient Protection Events

- Discharge of a Patient/Resident of Any Age to Other Than Authorized Person
- Death or Serious Injury Associated with Patient Elopement
- Patient Suicide, Attempted Suicide, or Self-Harm That Results in Serious Injury

SRE Types

Care Management Events

- Death or Serious Injury Associated with a Medication Error
- Death or Serious Injury Associated with Unsafe Blood Product Administration
- Maternal Death or Serious Injury Associated with Low-Risk Pregnancy Labor or Delivery
- Death or Serious Injury of a Neonate
- Death or Serious Injury Associated with a Fall
- Stage 3, Stage 4 or Unstageable Pressure Ulcer
- Artificial Insemination With Wrong Donor Sperm or Egg
- Death or Serious Injury from Irretrievable Loss of a Specimen
- Death or Serious Injury from Failure to Follow Up on Test Result

SRE Types

Environmental Events

- Patient or Staff Death or Serious Injury Associated with an Electric Shock
- Any Incident In Which No Gas, Wrong Gas or Contaminated Gas Delivered to Patient
- Patient or Staff Death or Serious Injury Associated with a Burn
- Death or Serious Injury Associated with Restraints or Bedrails

Radiologic Events

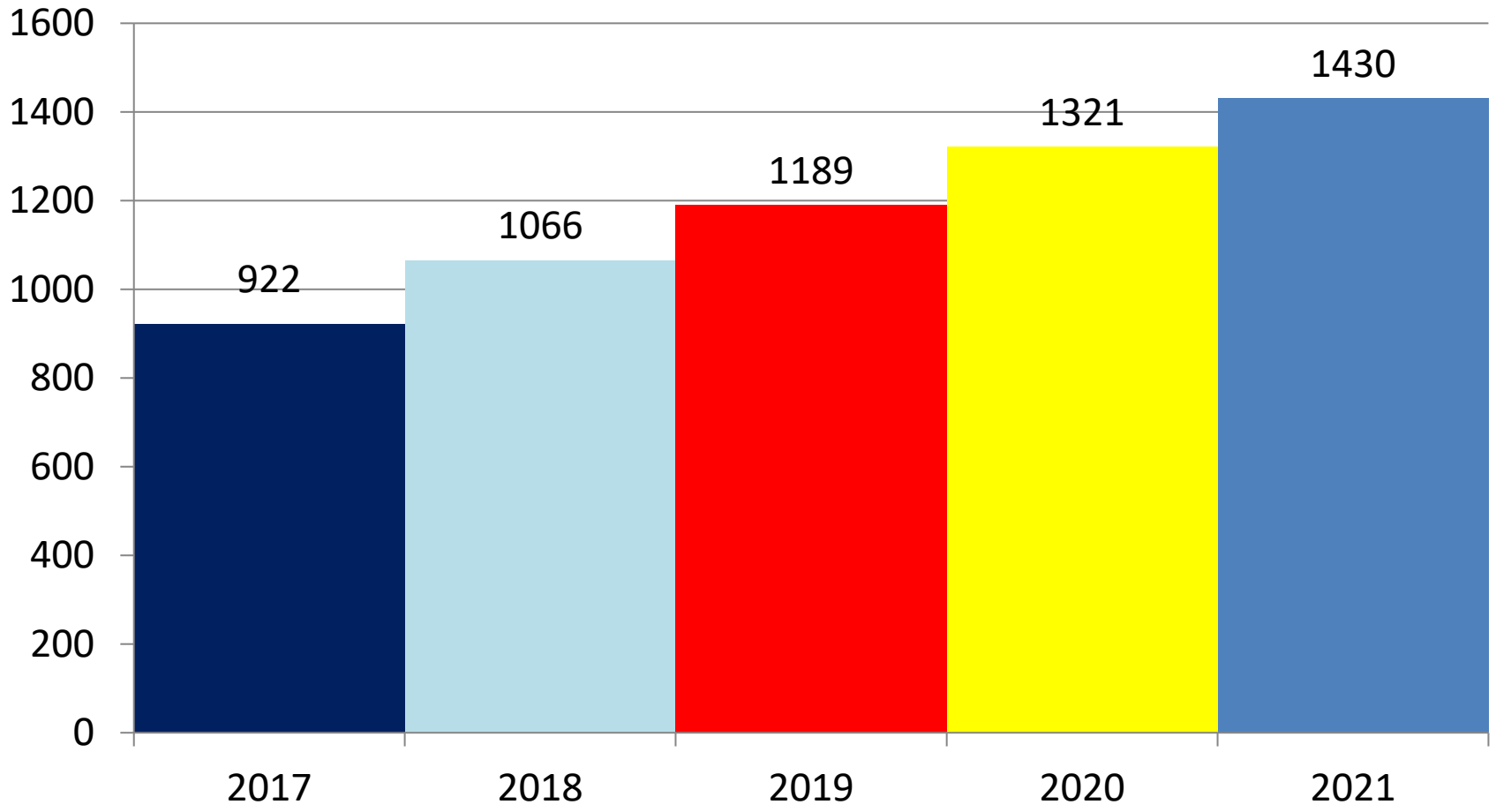
- Death or Serious Injury of Patient or Staff Associated with Introduction of a Metallic Object Into MRI Area

Potential Criminal Events

- Any Instance of Care Provided by Someone Impersonating a Health Care Provider
- Resident/Patient Abduction
- Sexual Abuse/Assault on a Patient or Staff Member
- Death or Serious Injury of Patient or Staff Member as a Result of Physical Assault

Acute Care Hospital: Total SREs

Total Number of SREs in Acute Care Hospitals by Year



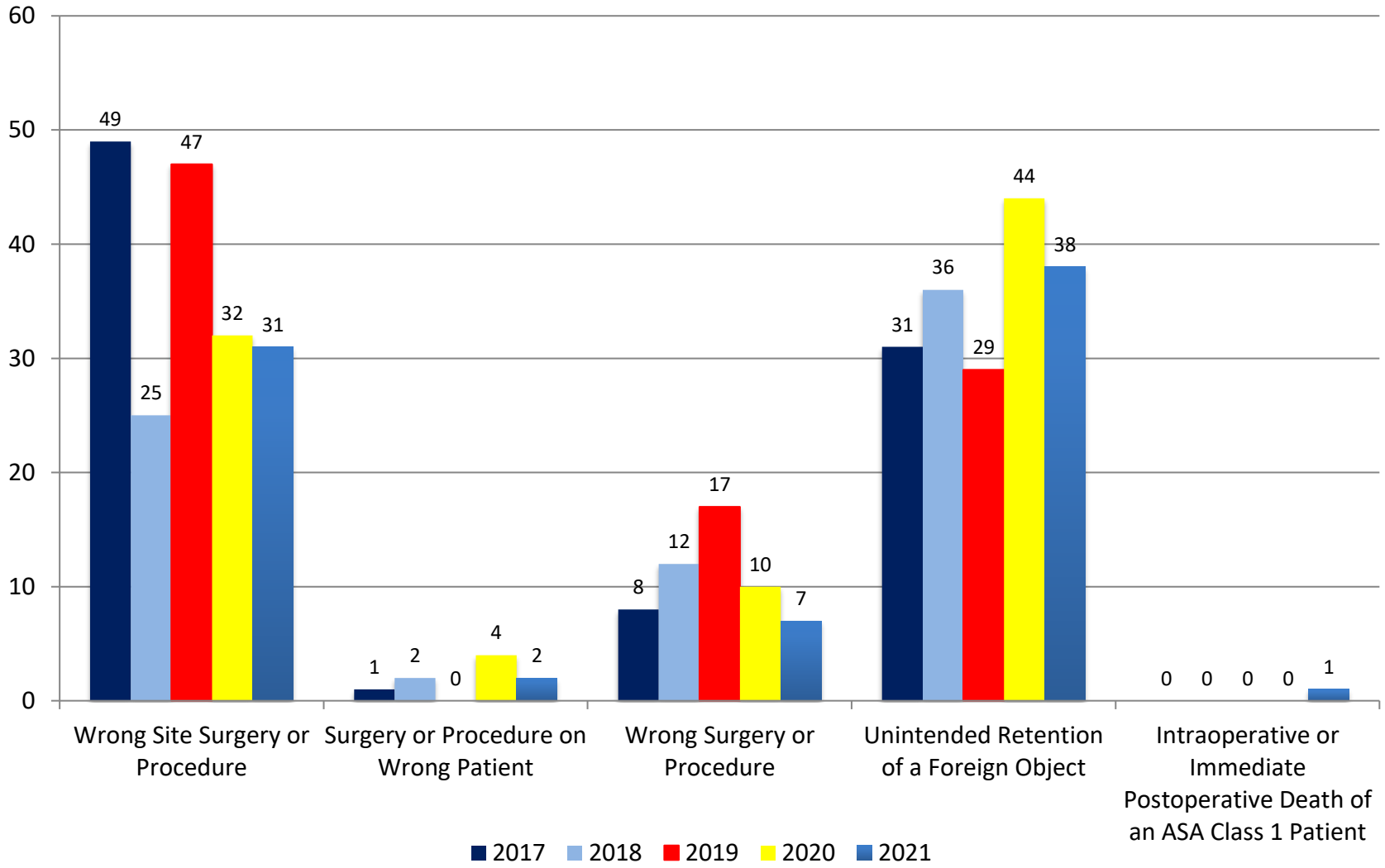
Data abstracted April 22, 2022 from the Health Care Facility Reporting System

Acute Care Hospital: Surgical Event SREs

Key Findings

For 2021, there was a decrease in the total number of surgical events reported, compared to 2020.

The most frequently reported outcome is that patients require an additional surgery or procedure to remove the foreign object that was unintentionally retained.



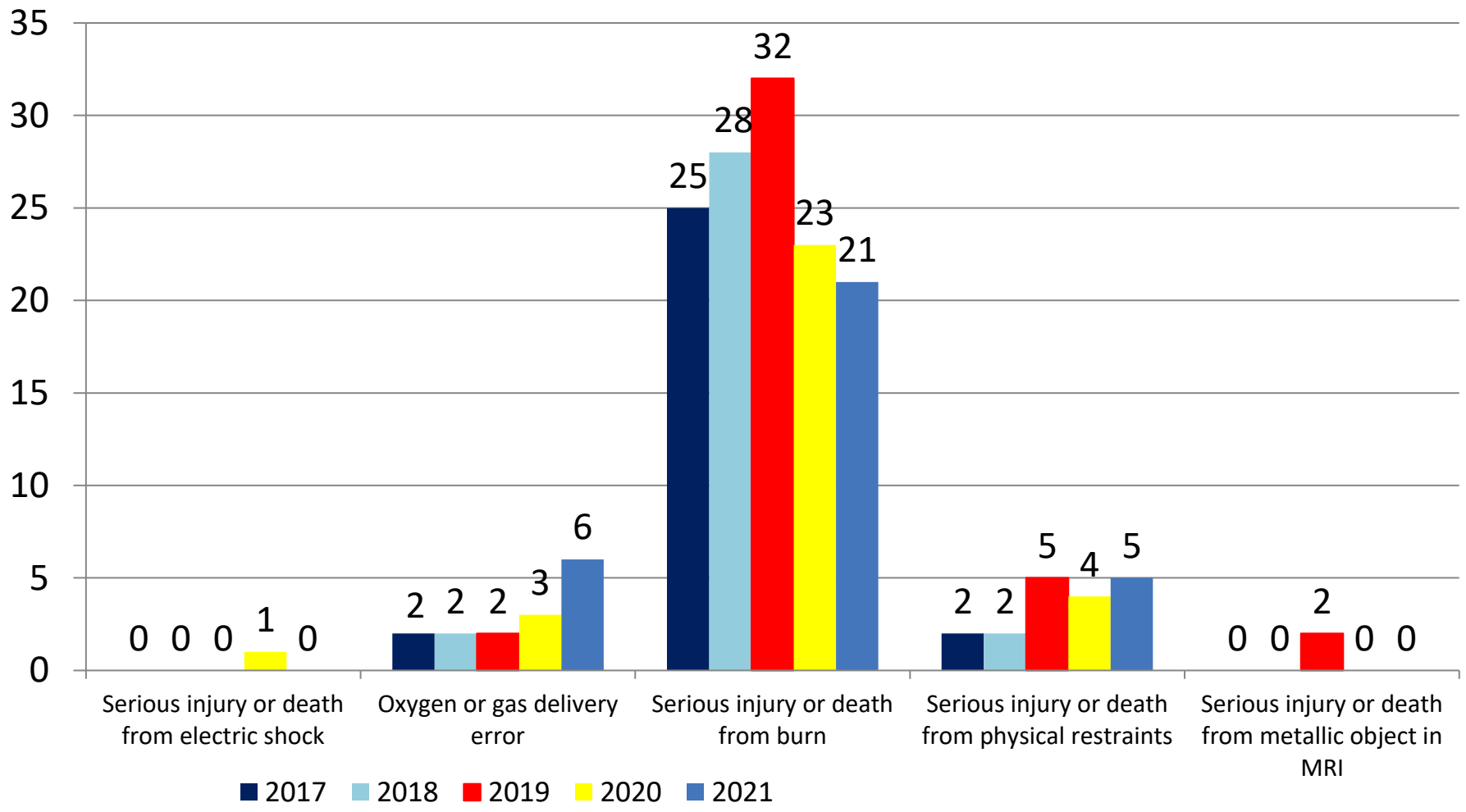
Data abstracted April 22, 2022 from the Health Care Facility Reporting System

Acute Care Hospital: Environmental Event SREs

Key Findings

Burn events, the most common in this category, represent second degree or more severe burns.

Burn events result from equipment including radiology machines and cautery devices, chemotherapy and hot beverage spills. Burn events decreased in 2020 and 2021.



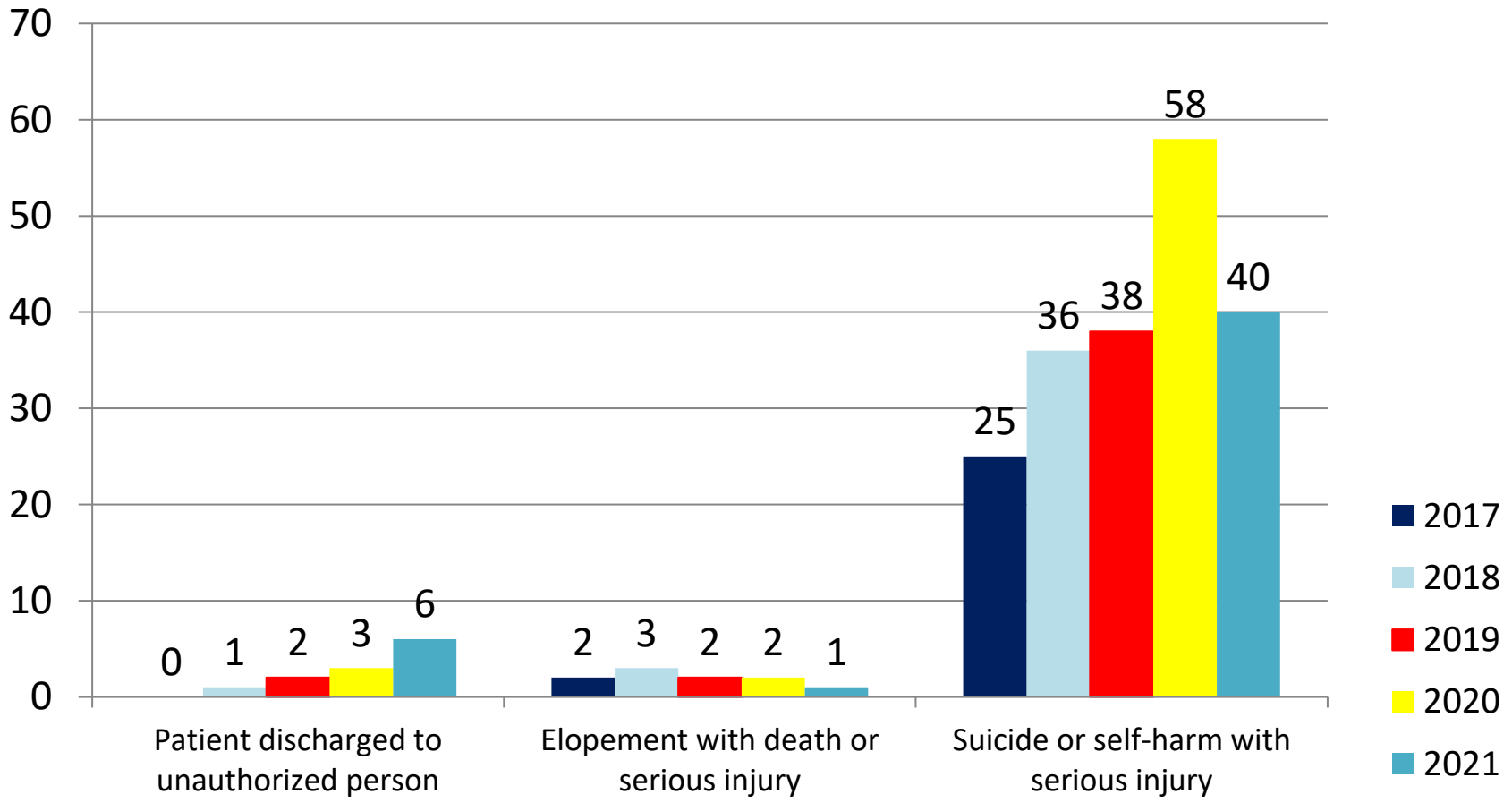
Data abstracted April 22, 2022 from the Health Care Facility Reporting System

Acute Care Hospital: Patient Protection Event SREs

Key Findings

There was 1 completed suicide event and 39 self-harm or attempted suicide events in 2021 which was a decrease over 2020.

Cutting and ingesting objects are the methods reported as having the highest incidence in the suicide and self-harm events.



Data abstracted April 22, 2022 from the Health Care Facility Reporting System

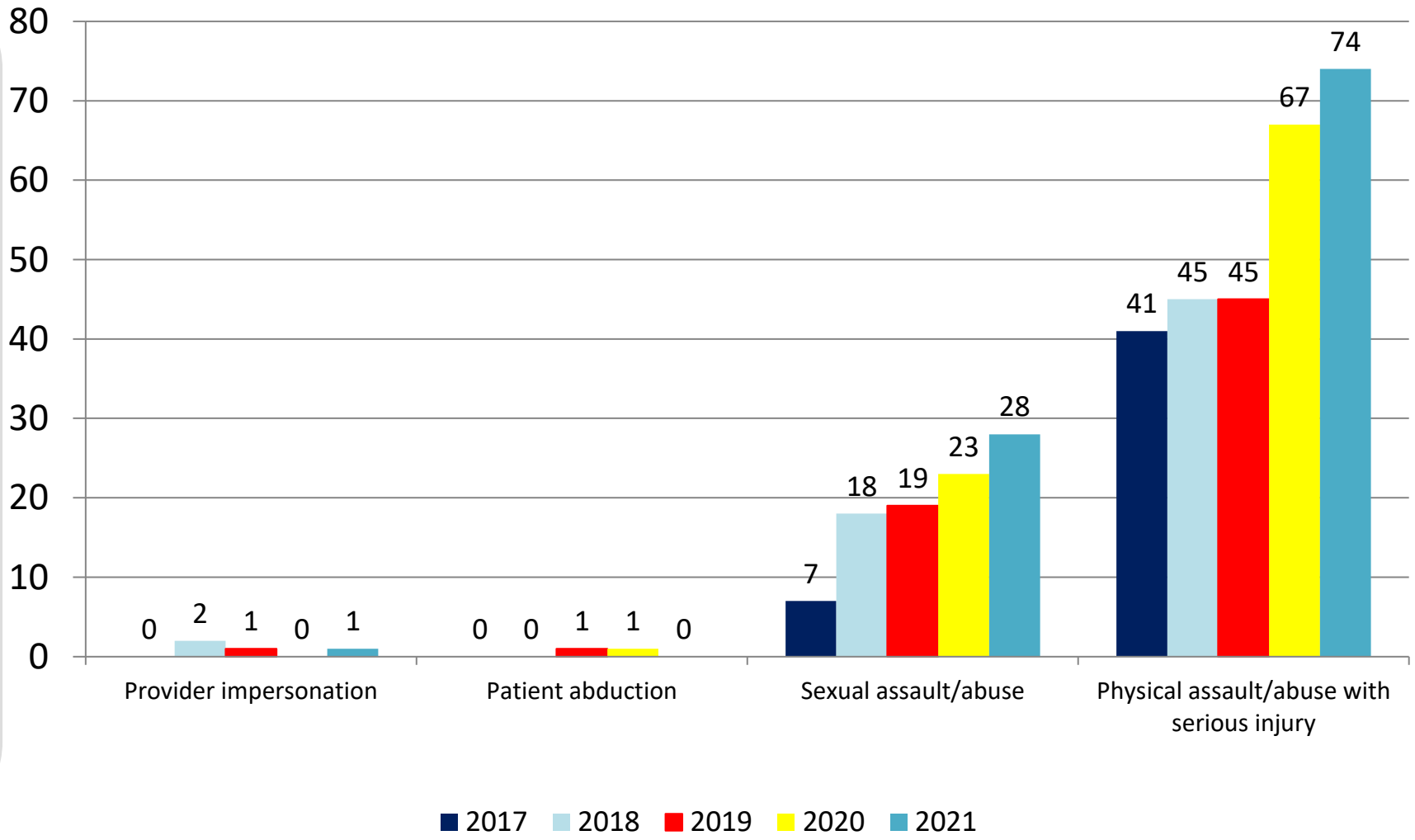
Acute Care Hospital: Potential Criminal Event SREs

Key Findings

Over half of the physical assaults or abuse events that resulted in serious injury were patient on staff member encounters, often resulting in lost work days.

Emergency departments followed by inpatient psychiatric units are the most frequently reported location within the hospital for these events to occur.

Physical assaults and sexual assaults reported increased in 2021.

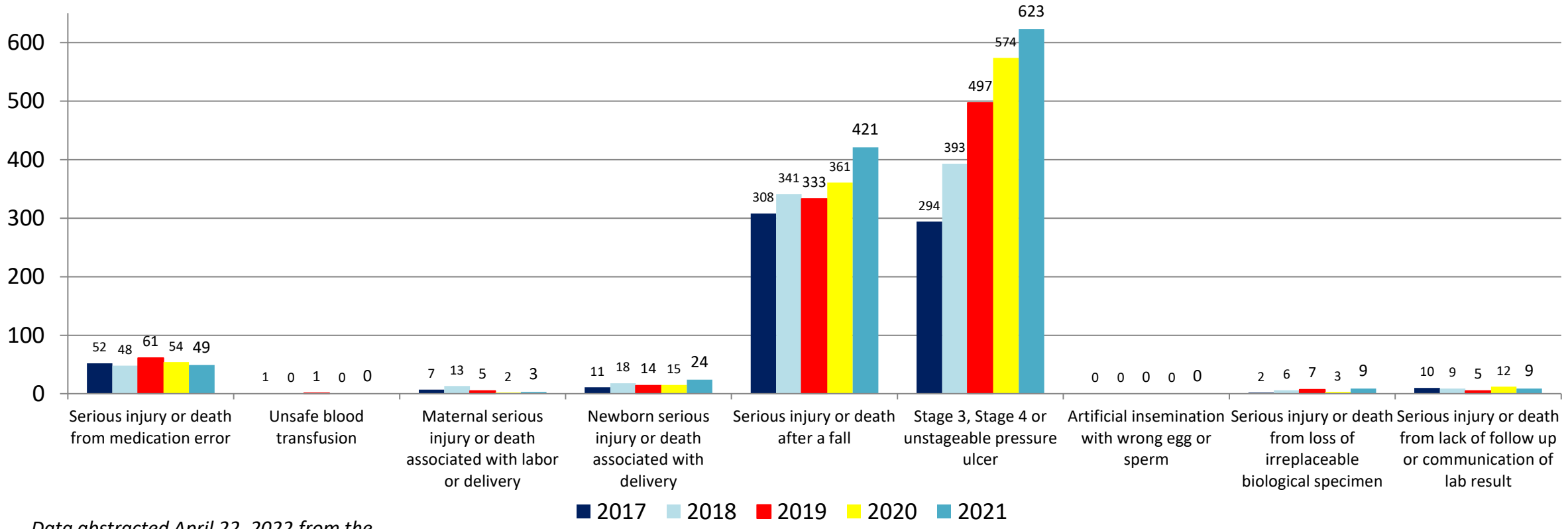


Data abstracted April 22, 2022 from the Health Care Facility Reporting System

Acute Care Hospital: Care Management SREs

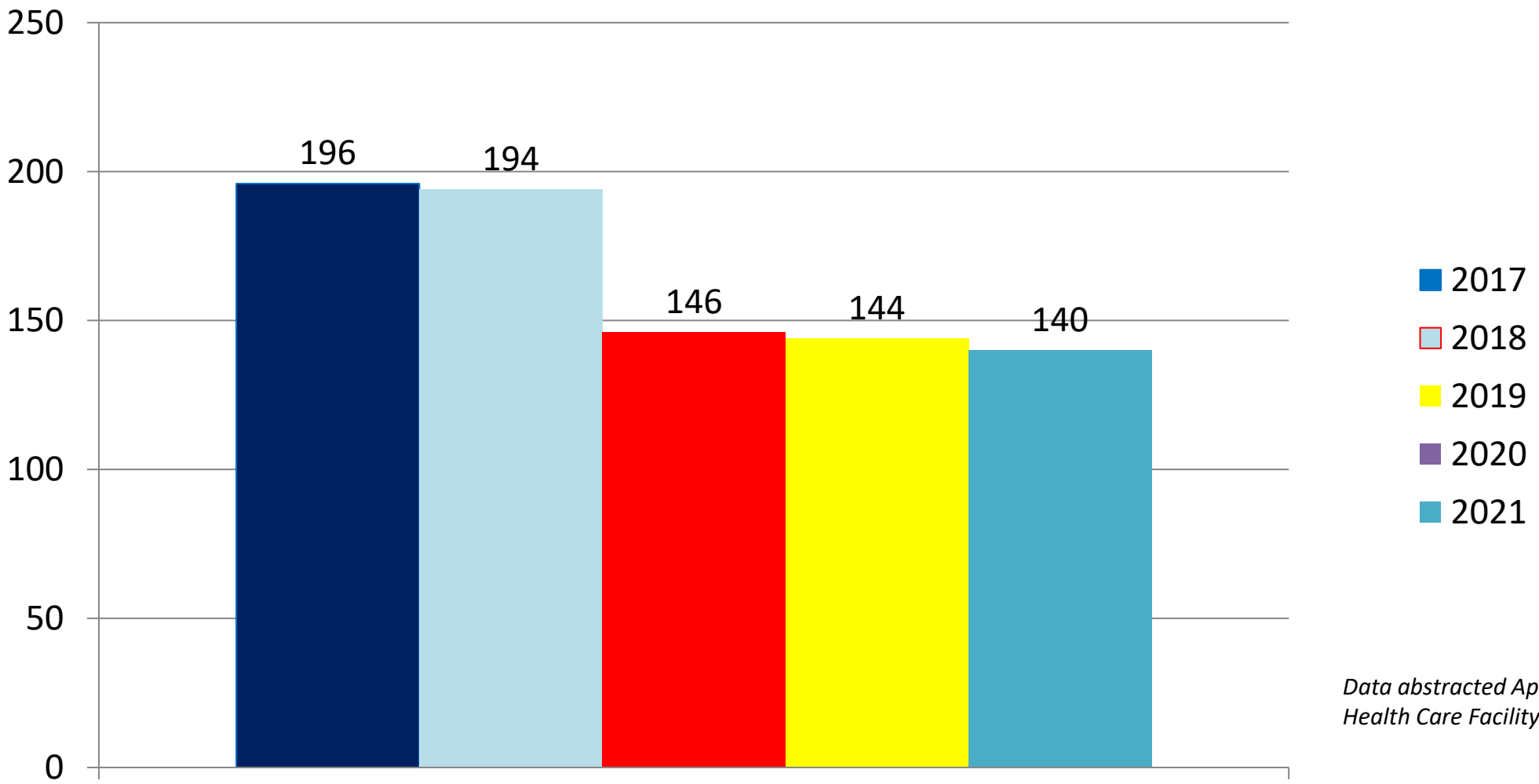
Key Findings

Pressure injuries and falls that result in serious injury are the two most commonly reported events. Pressure ulcers are the most common serious injury and Falls are the second most common. Both have increased over the observed time period.



Data abstracted April 22, 2022 from the Health Care Facility Reporting System

Non-Acute Care Hospital: Total SREs



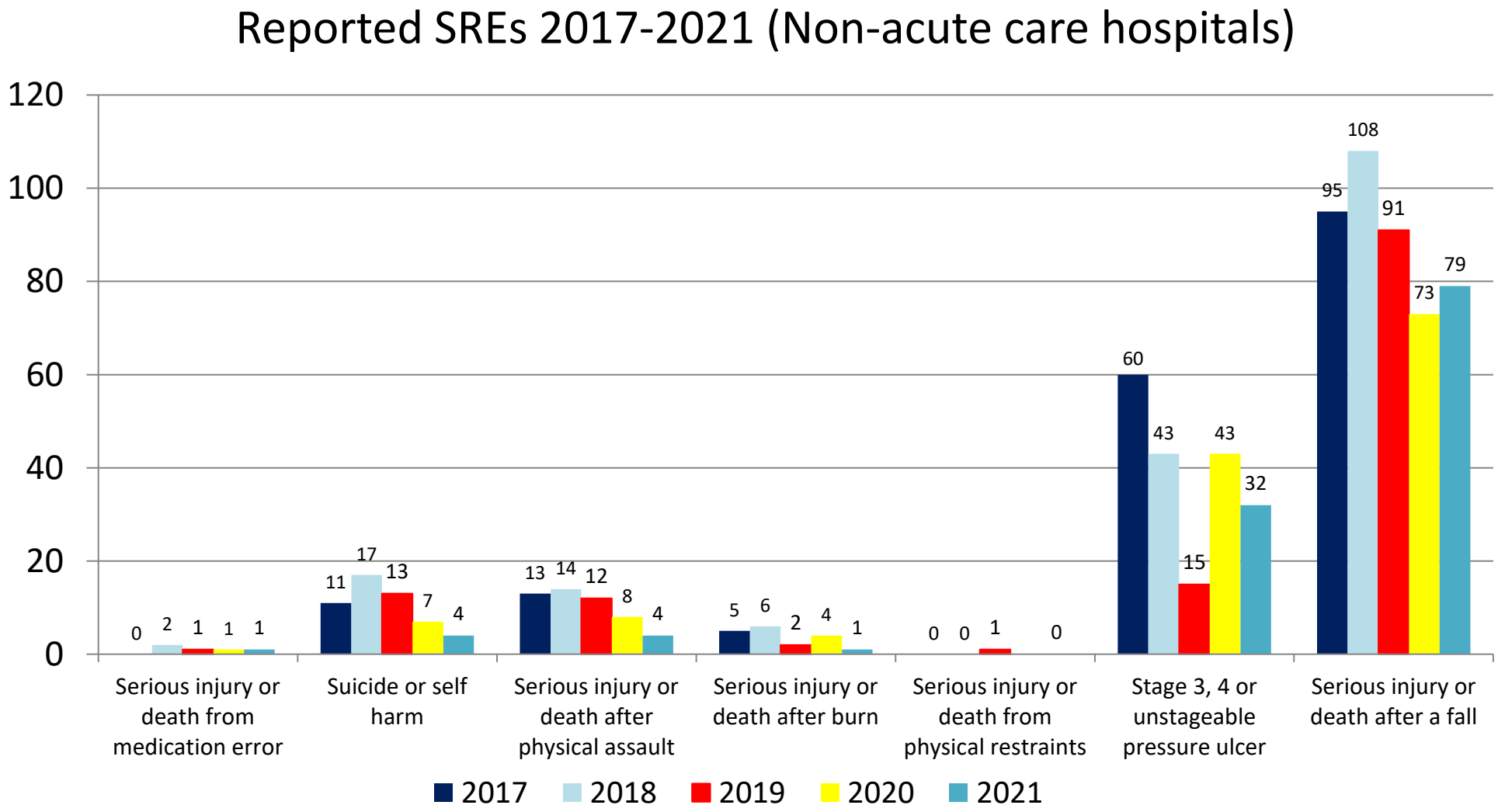
Data abstracted April 22, 2022 from the Health Care Facility Reporting System

Non-Acute Care Hospital: SREs by Category

Key Findings

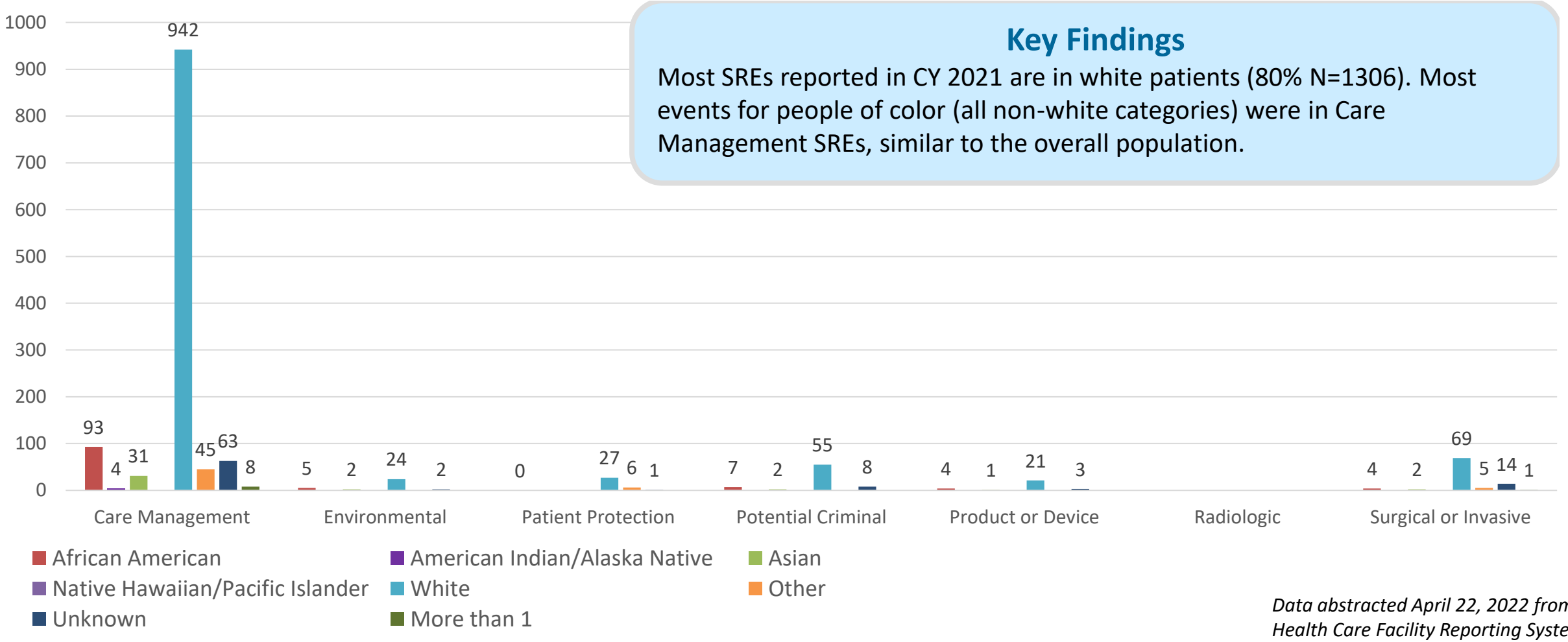
There are three types of hospitals: public health, rehabilitation or psychiatric.

Like acute care hospitals, falls and pressure ulcers continue to be the most common events.



Data abstracted April 22, 2022 from the Health Care Facility Reporting System

SRE Types by Race

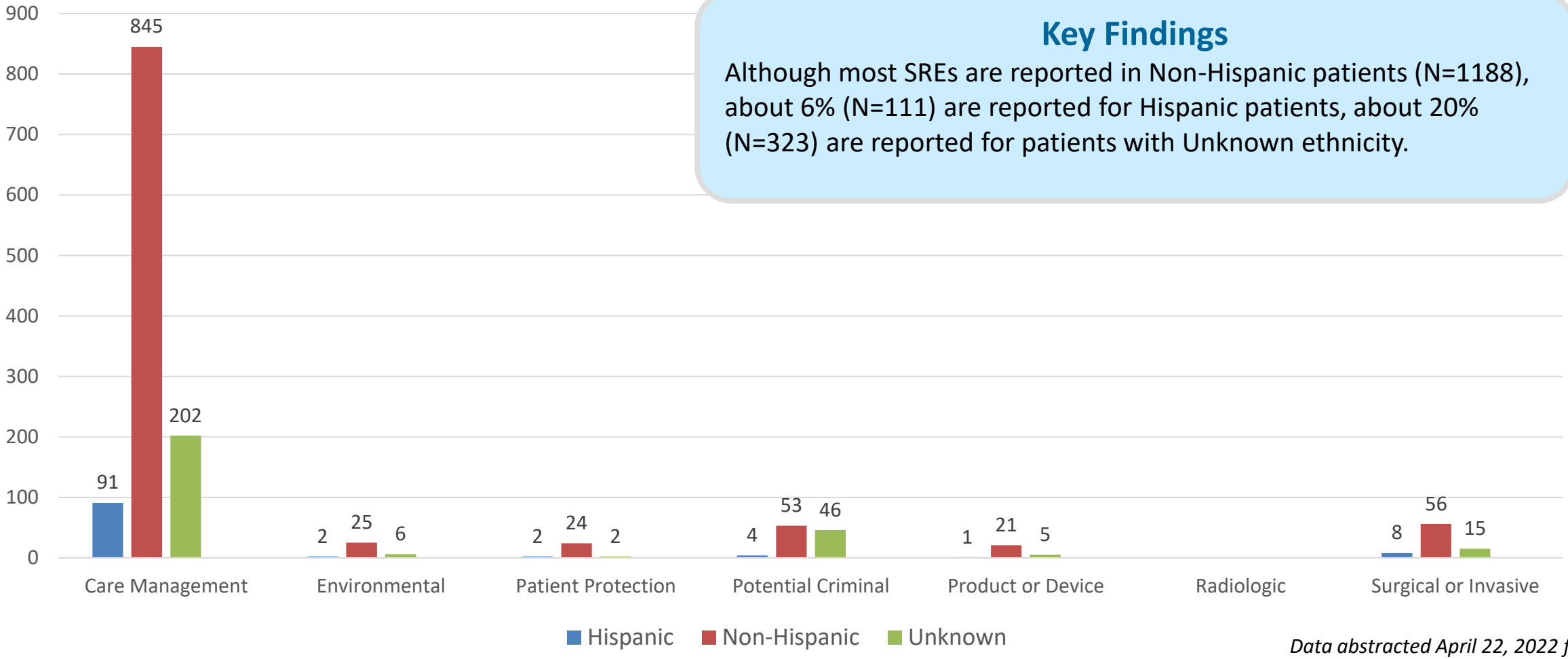


Key Findings

Most SREs reported in CY 2021 are in white patients (80% N=1306). Most events for people of color (all non-white categories) were in Care Management SREs, similar to the overall population.

Data abstracted April 22, 2022 from the Health Care Facility Reporting System

SRE Types by Ethnicity



Key Findings

Although most SREs are reported in Non-Hispanic patients (N=1188), about 6% (N=111) are reported for Hispanic patients, about 20% (N=323) are reported for patients with Unknown ethnicity.

Data abstracted April 22, 2022 from the Health Care Facility Reporting System

Quality Improvement Activities

- Working with individual facilities after an SRE occurs to develop corrective action plans and prevent an event of a similar type from happening in the future.
- Continued collaboration with DPH's Suicide Prevention Program to share event data and promote use of online curriculum detailing best practices for reducing suicide and self-harm in the facility setting.
- Collaborating with EHS agencies to ensure patient safety maintained during COVID-19 pandemic.
- Actively participating in MA Coalition for the Prevention of Medical Errors.
- Sharing electronic health system related events and opportunities to address causal factors.
- Partnering with Betsy Lehman Center to address the following:
  - Utilize their monthly newsletter to share patient safety trends; and
  - Maintaining an Interagency Service Agreement to allow for more seamless data sharing, as intended by the 2012 cost containment act.
- Utilizing DPH list servs for widespread education and to share appropriate guidance.
- Exploring opportunities to collaborate with stakeholders to decrease incidence of pressure injuries and falls.

Massachusetts Department of Public Health

Thank you for the opportunity to present this information today.

Please direct any questions to:

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COVID-19 COMMUNITY IMPACT SURVEY: OLDER ADULTS

Coauthors: Caroline Stack, Lisa Potratz, and Rebecca Dawson

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CCIS COMMUNITY PARTNERS

Many groups that were critical in the success of this effort and gave important input on the development and deployment of the survey:

- Health Resources in Action (HRiA)
- John Snow International (JSI)
- Academic Public Health Volunteer Corps and their work with local boards of health and on social media
- Mass in Motion programs, including Springfield, Malden, and Chelsea
- Cambodian Mutual Assistance
- The Mashpee Wampanoag Tribe
- The Immigrants' Assistance Center, Inc
- Families for Justice as Healing
- City of Lawrence Mayor's Health Task Force
- The 84 Coalitions, including the Lawrence/Methuen Coalition
- Boys and Girls Clubs, including those in Fitchburg and Leominster and the Metro South area
- Chinatown Neighborhood Association
- Father Bill's
- UTEC
- MassCOSH
- Stavros Center for Independent Living
- Greater Springfield Senior Services
- Center for Living and Working
- DEAF, Inc.
- Massachusetts Commission for the Deaf and Hard of Hearing
- Viability, Inc.

OLDER ADULTS

Caroline Stack
Lisa Potratz
Rebecca Dawson

Framing Matters

Using equity focused frames allows us to understand the unique experiences, needs, and strengths of older adults

Dominant frames

According to these frames:

- Older adults are all the same
- Older adults are frail and vulnerable and need to be protected
- The value of someone's life is age-dependent
- Aging is associated with decline and loss

Equity-focused frames

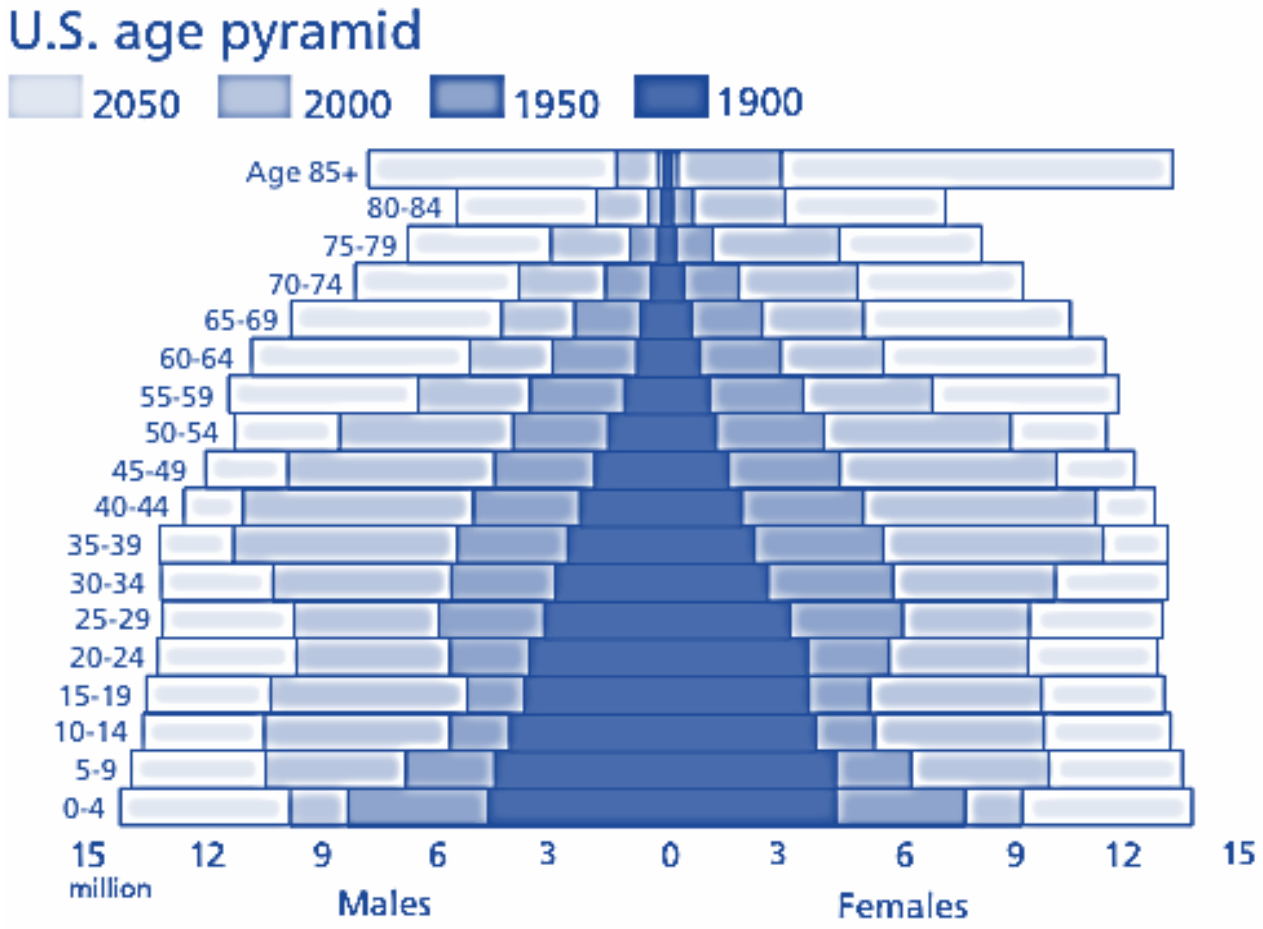
According to these frames:

- Older adults are diverse and have multiple identities
- Older adults play essential roles in society, the economy, and community
- Ageism can increase the inequities these populations face
- Structural barriers prevent older adults from maximizing health and well-being

Older Adults Are a Growing Population

Americans are living longer than ever

- In 1900, people aged 65+ composed of 4% of the U.S. population
- By 2050, they will make up 20%[1]

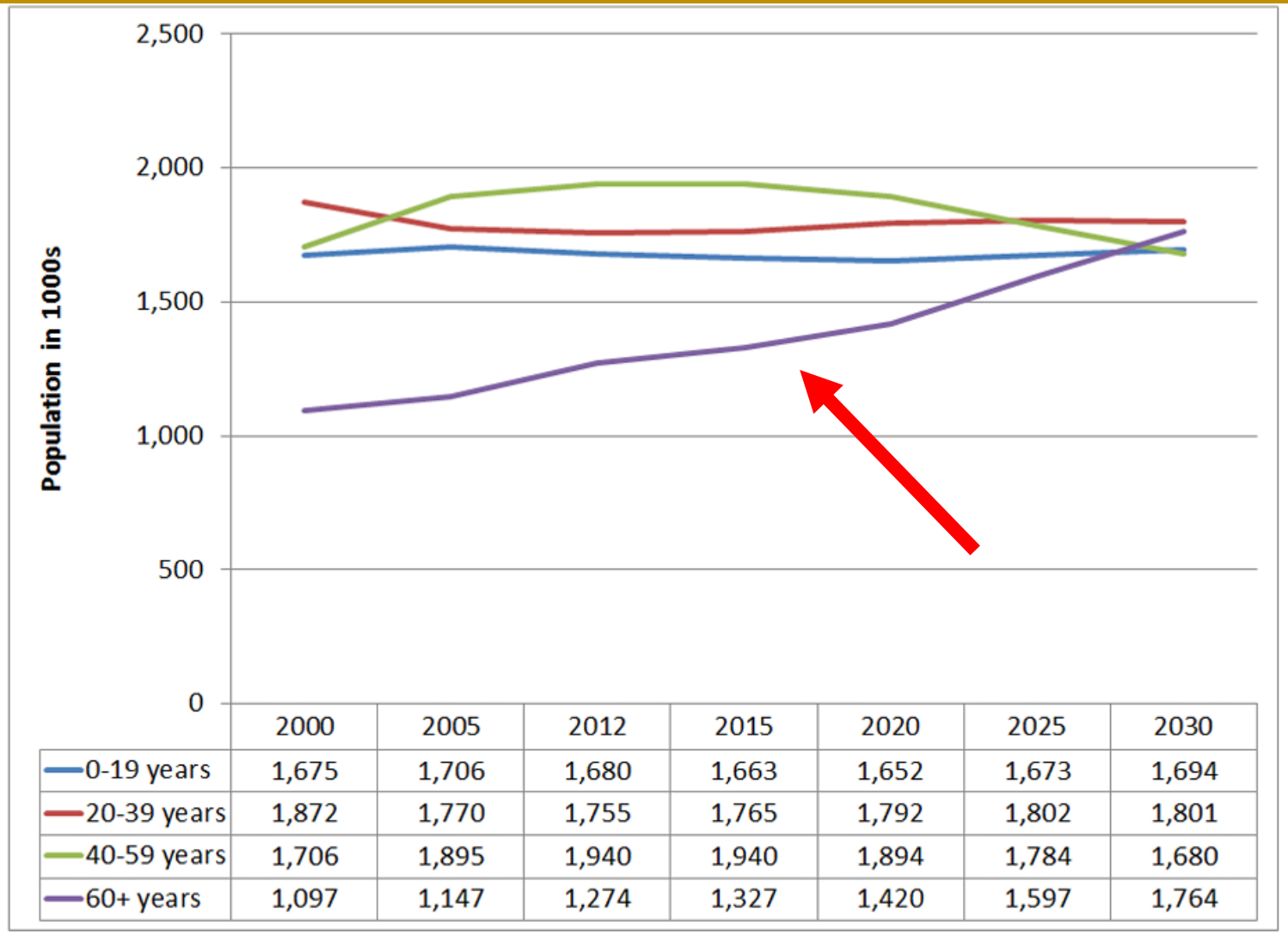


Source: http://www.ctmt.com/pdfs%5CemergingDirections%5Cdemographicsasdestiny.pdf

[1]The Growing Cost of Aging in America Part 1: An Aging Population and Rising Health Care Costs. (2018, April 6). *GW-UMT*. https://onlinepublichealth.gwu.edu/resources/cost-of-aging-healthcare/

Older Adults Are a Growing Population in MA

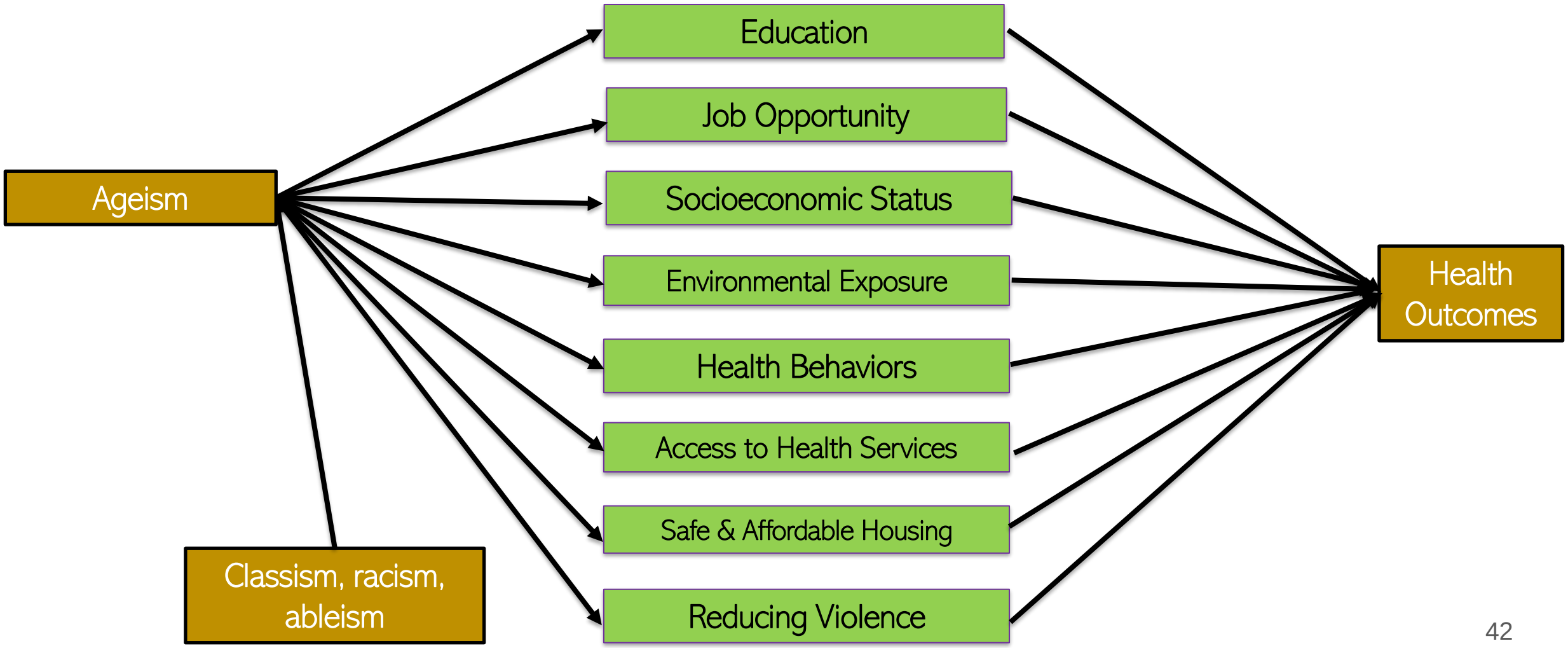
The proportion of MA's population that is 60 years and older is growing more rapidly than other components of the population.



	2000	2005	2012	2015	2020	2025	2030
0-19 years	1,675	1,706	1,680	1,663	1,652	1,673	1,694
20-39 years	1,872	1,770	1,755	1,765	1,792	1,802	1,801
40-59 years	1,706	1,895	1,940	1,940	1,894	1,784	1,680
60+ years	1,097	1,147	1,274	1,327	1,420	1,597	1,764

Source: https://acl.gov/sites/default/files/programs/2016-11/Massachusetts%20Epi%20Profile%20Final.pdf

Systems of Oppression Impact the Social Determinants of Health Inequities



Ageism Acts at Multiple Levels

Acceptance of ageist stereotypes

INTERNALIZED

INTERPERSONAL

Physical, emotional, sexual, financial abuse

Denial & exclusion from insurance, work, housing

INSTITUTIONAL

STRUCTURAL

Antiaging messaging & lack of funding to support inclusion of older adults

CCIS Older Adult Respondent Profile[1]

'Older adult' in this presentation refers to individuals 60 years old or older.

8,336 adults aged 60+ took the survey
- 172 of those adults are 85+

15% reported income <$35K

45% are retired

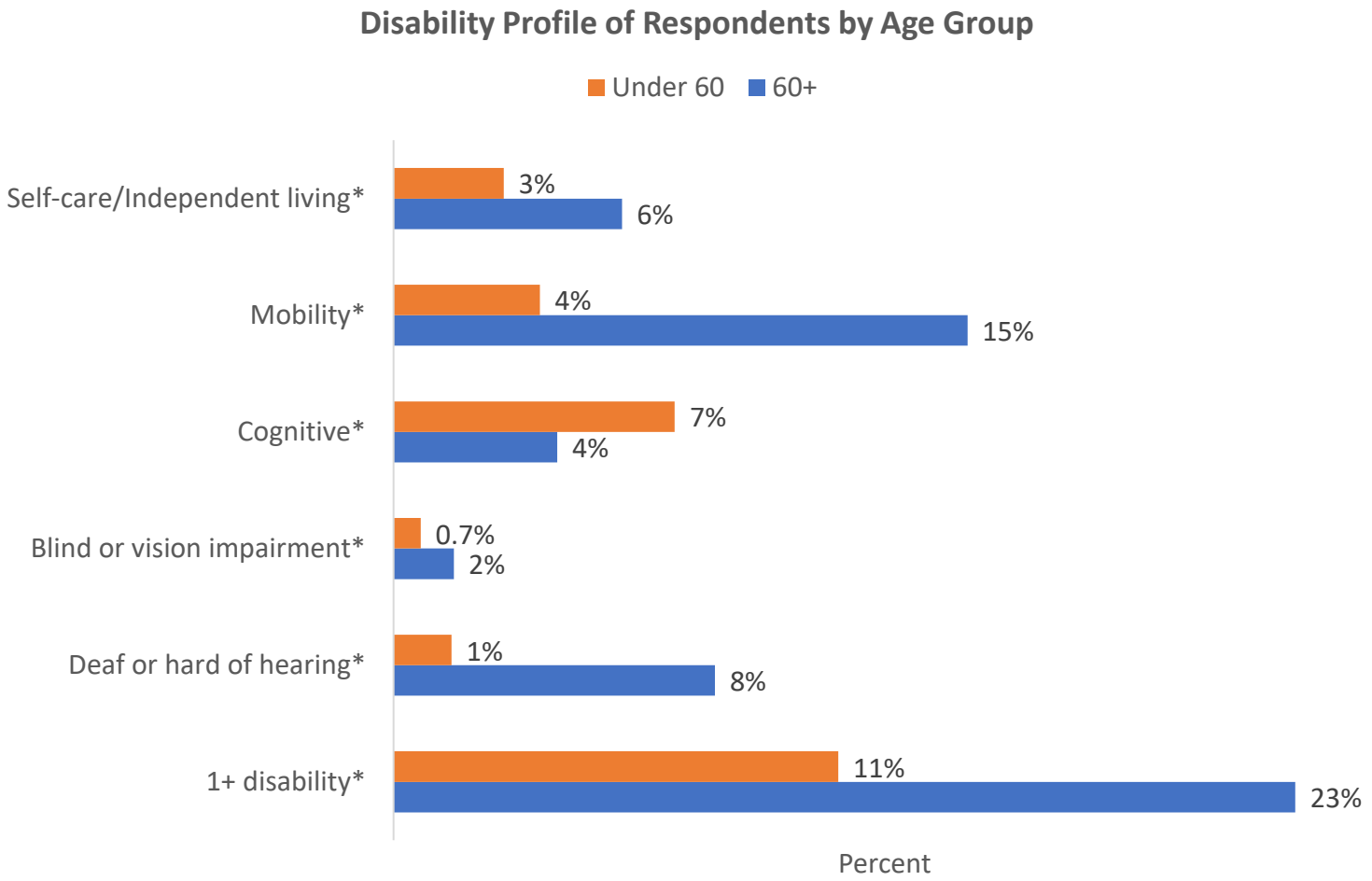
31% reported living alone
- 50% reported living with 1 other person

CCIS was an online survey and those without internet or technology access may not be represented in the sample. Therefore, this sample of older adults may not be representative of **all** MA adults 60+ and their needs. It is important to keep this in mind when interpreting and generalizing results from this survey.

[1] Respondent Profile percentages are unweighted.

Disability Status Among Older Adults

Older adults were more likely to report a disability compared to younger adults.



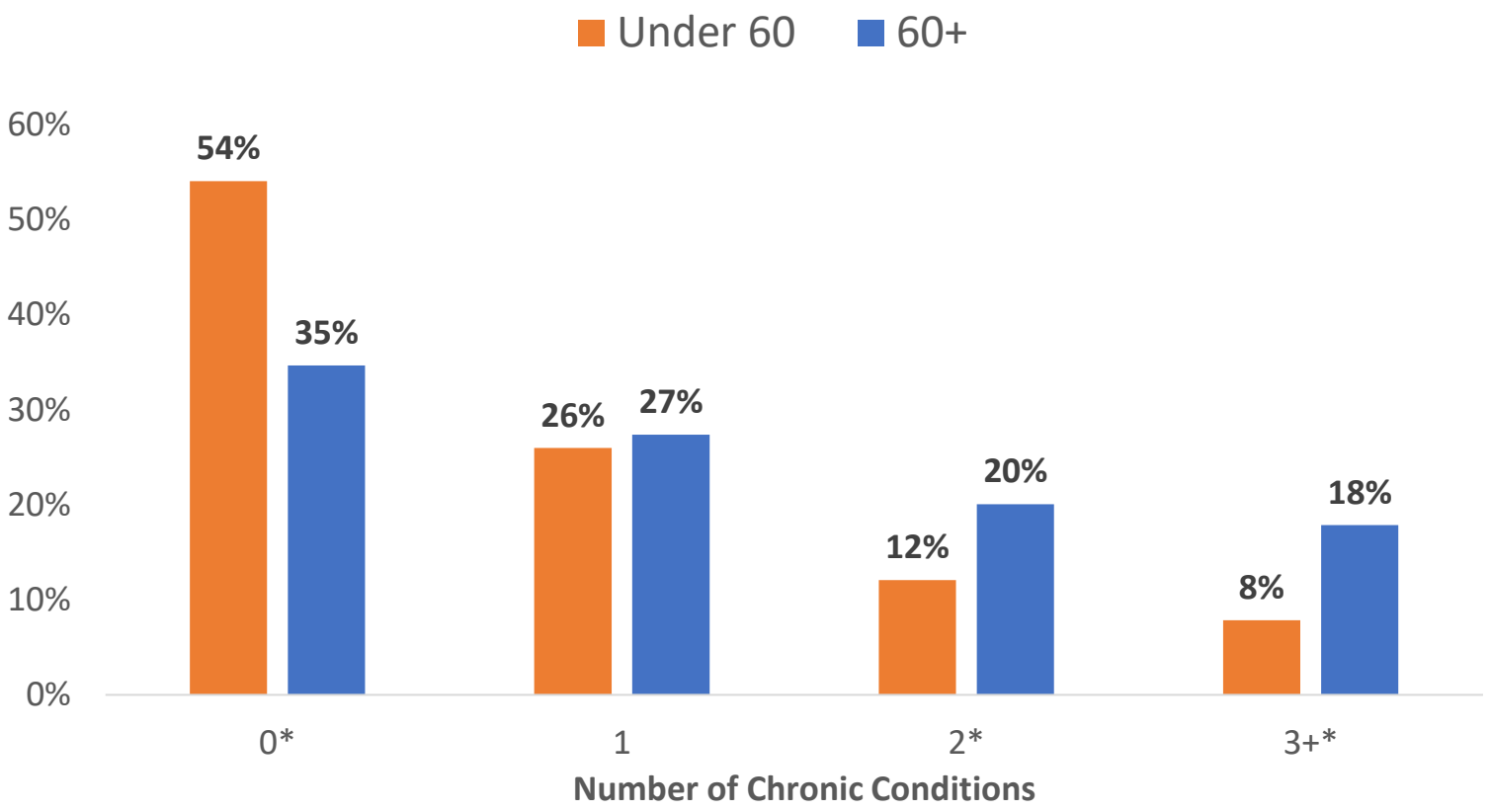
Persons with disabilities experienced unique impacts and structural barriers to maintaining health during the pandemic.

For more information about experiences of MA residents with disabilities during the pandemic, see the CCIS Spotlight: Persons with Disabilities report.

*Difference is statistically significant at p. < .05

Chronic Conditions Among Older Adults

Number of Reported Chronic Conditions by Age Group



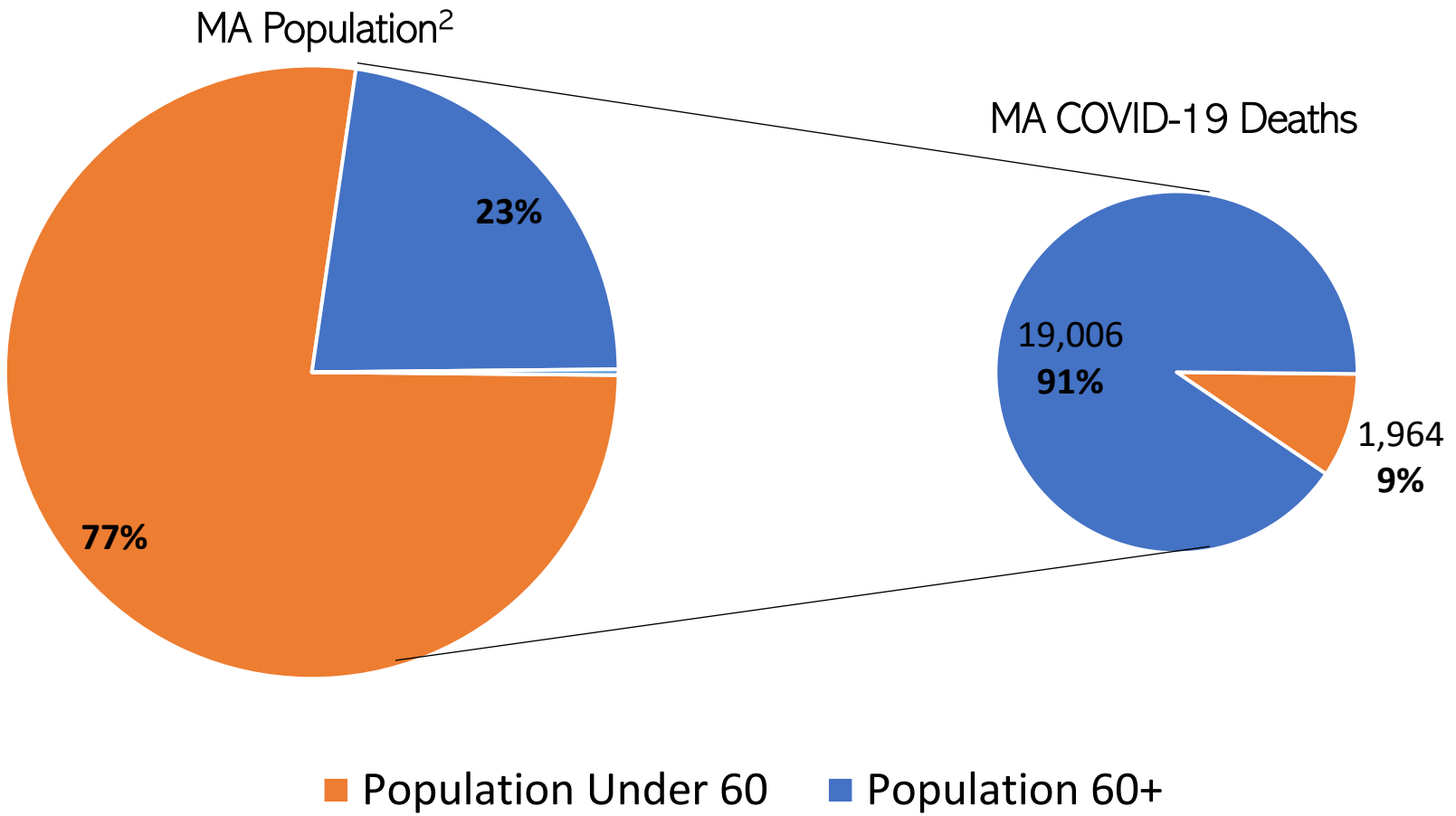
Adults aged 60+ were **twice as** likely to report having 3+ chronic conditions than the under 60 age group.

*Difference is statistically significant at p. < .05
Note: Chronic conditions include asthma, COPD, lung condition, cancer, diabetes, heart disease, high blood pressure, immune compromised, kidney disease, liver disease, obesity.

IMPACTS OF COVID ON OLDER ADULTS

The COVID-19 Pandemic Impacted Older Adults Disproportionately

Older adults aged 60+ make up 23% of the MA population but have accounted for 91% of all MA COVID deaths.[1]



1. Current as of July 4, 2022; includes confirmed and probable COVID-19 deaths. *COVID-19 Response Reporting | Mass.gov*. (n.d.). Retrieved July 4, 2022, from https://www.mass.gov/info-details/covid-19-response-reporting
2. S0102: POPULATION 60 YEARS AND OVER... - Census Bureau Table. (n.d.). Retrieved July 24, 2022, from https://data.census.gov/cedsci/table?q=massachusetts%20age&tid=ACSST5Y2020.S0102

Older Adults Played Essential Roles in the Workforce

17% of Massachusetts hospital, nursing/residential care facilities, and ambulatory healthcare services employees are aged 60 or older.[1]

In CCIS, older adults who were employed were less likely to be able to work from home (43%* vs. 48%).

*Difference is statistically significant at p. < .05

[1] Data Source: 2014-2019 Current Population Survey, NIOSH ELF. Includes Census Industry Codes: 7970-8180 (Ambulatory Health Care Services), 8190 (Hospital), 8270-8290 (Nursing and Residential Care Facilities.

Older Adults Played Essential Roles in Their Communities

- 6% of older adults identified as a parent/guardian of a child with special needs
- 5% as caregiver for an adult with special needs
- Many took care of grandchildren when daycares closed

"Most of my friends are helping with childcare."

Despite these risks and responsibilities, older adults:

- Were equally as likely to report being "very worried about getting COVID" as younger adults (30%)
- Were less likely to report persistent poor mental health (22%* vs 38%) and 3+ symptoms of PTSD attributed to COVID (18%* vs. 31%) than younger adults

*Difference is statistically significant at p. < .05

Access to Basic Needs & Health Among Older Adults

1 in 5

reported persistent poor mental health.

1 in 5

reported 3+ PTSD-like reactions to COVID.

1 in 4

older adults using substances reported an increase in substance use during the pandemic.

1 in 3

were 'very worried' about getting COVID.

1 in 4

reported worry about any expense.

1 in 4

reported worry about a healthcare need.

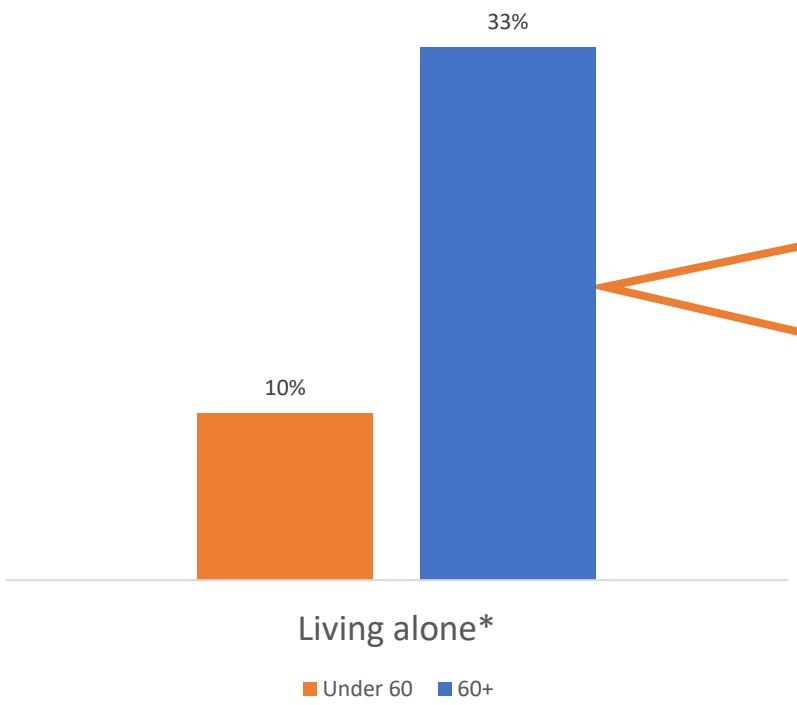
3 in 5

reported worry about a household need.

Older Adults Struggled with Social Isolation

Older adults living alone were more likely to report persistent poor mental health (25%) than older adults living with others (21%)*.

Older adults were 3x as likely as younger adults to report living alone.



What would be helpful right now?

"Some sense of community for old people who have to mostly stay home."

"Socialization, exercise, activities to assist me in maintaining my level of cognition"

"Companionship. I am lonely and isolated"

*Difference is statistically significant at p. < .05

BARRIERS

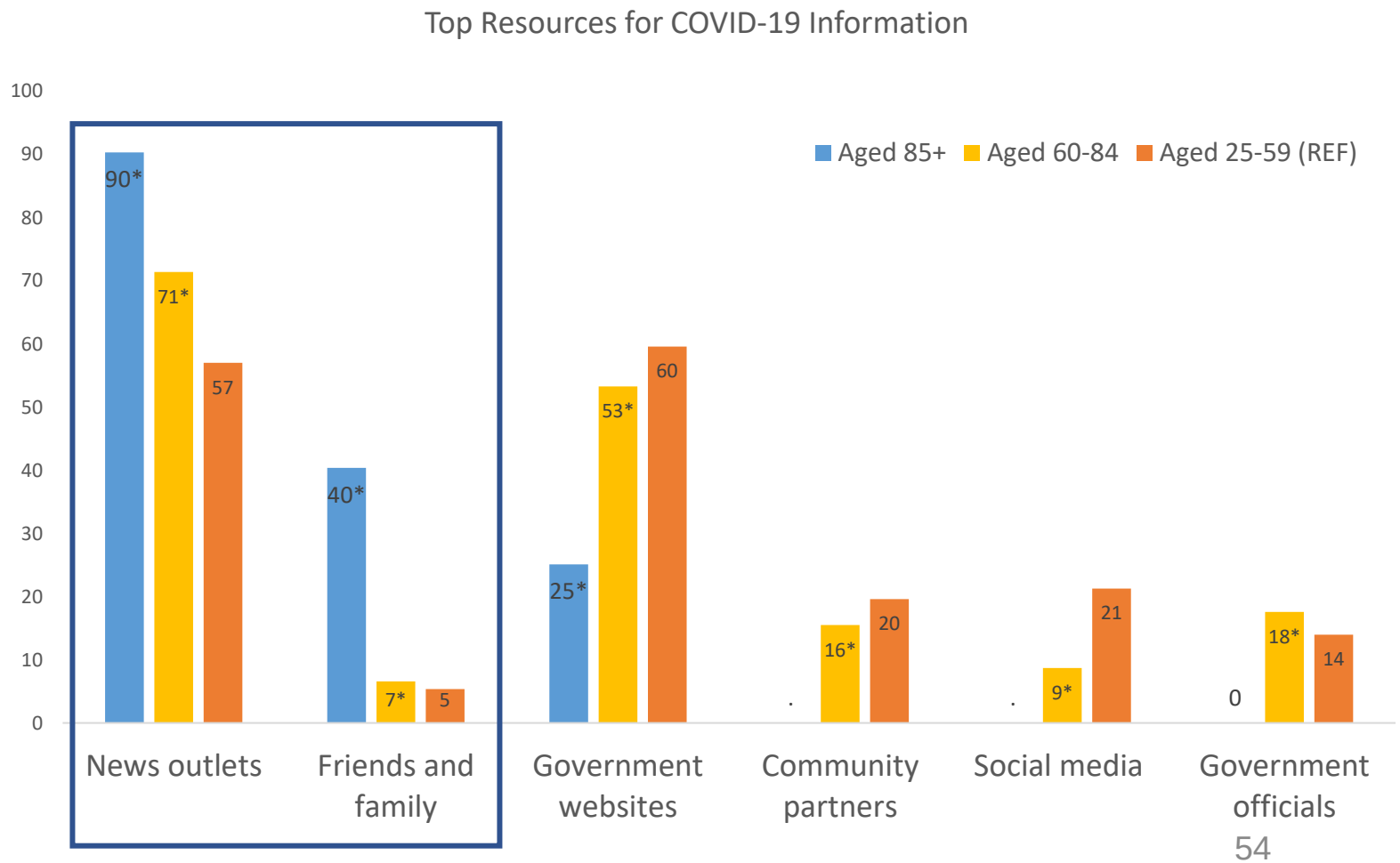
Older Adults Rely on Different Sources of Information

Communication strategies must be tailored for older adults' needs to ensure access to timely, accurate information.

Compared to adults under 60, adults aged 85+ were more likely to identify:

- **News outlets (2x)**
- **Friends and family (8x)**

…as top trusted sources of COVID information.



*Difference is statistically significant at p. < .05.
. Indicates cell suppression due to low sample size.

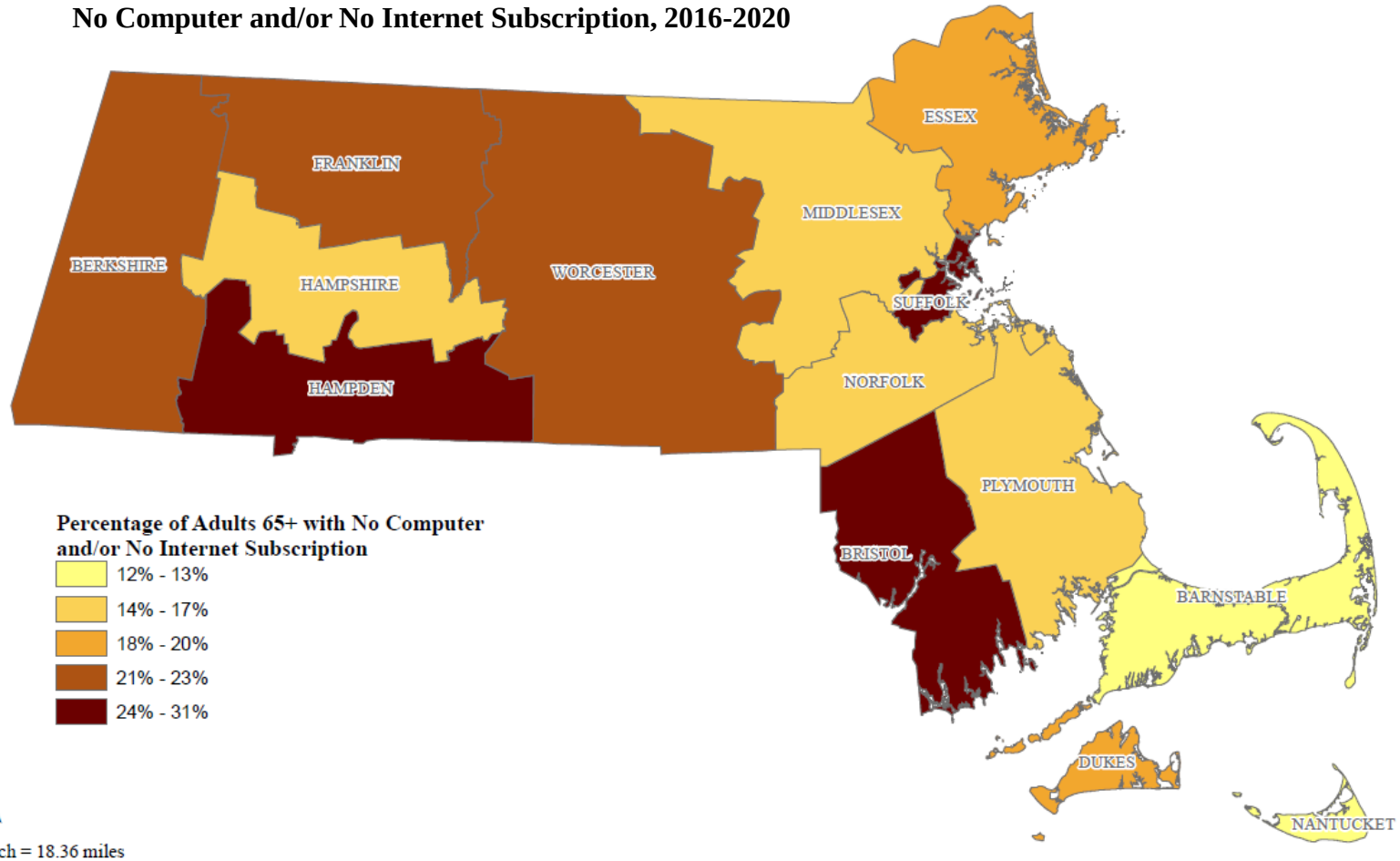
Technology Needs Among Older Adults

American Community Survey Estimates (2016-2020)

Adults aged 65+ were over 3x as likely to report not having a computer with an internet subscription as younger (6%).

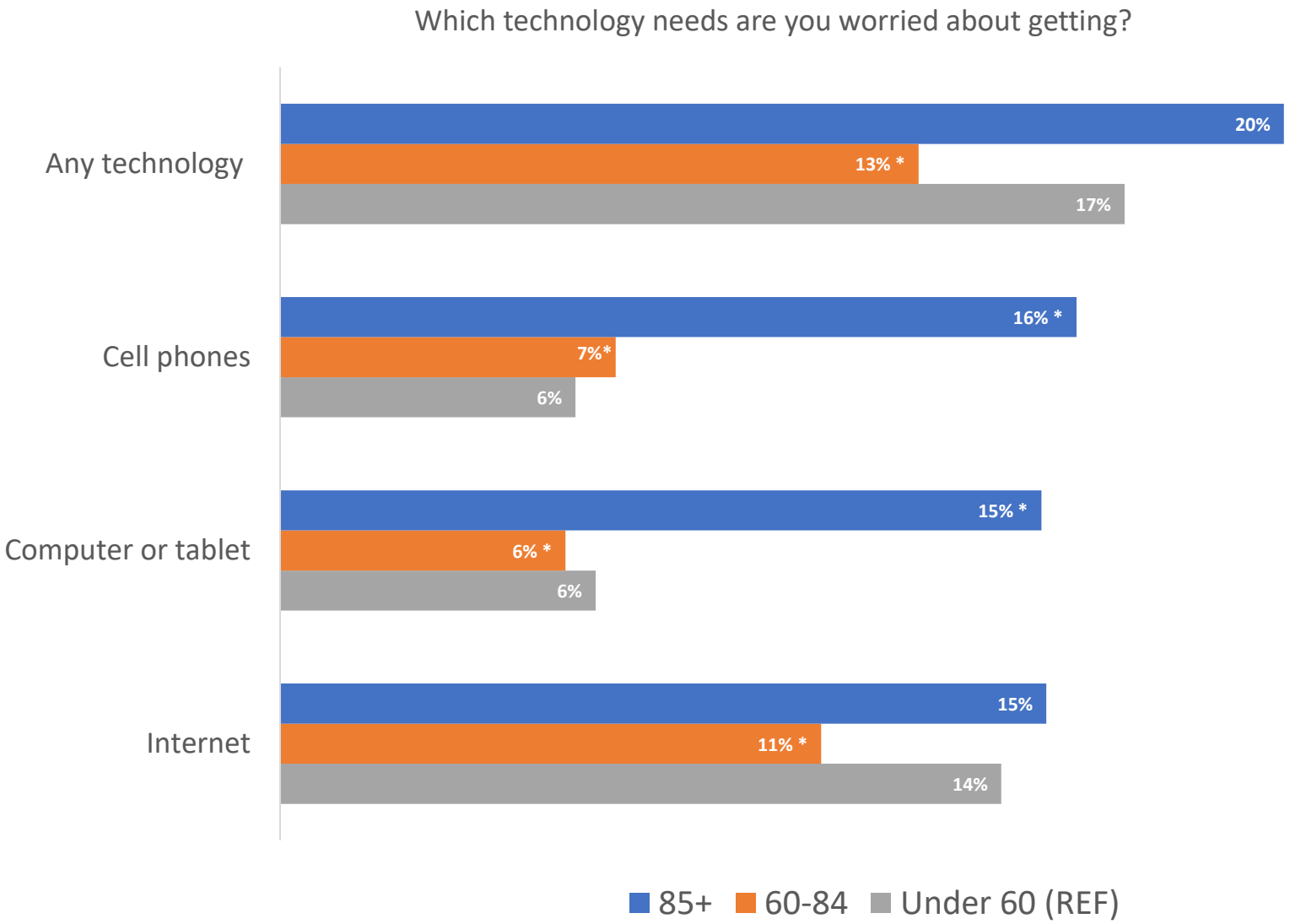
Older adults living in Suffolk, Hampden, and Bristol county are least likely to have a computer with an internet subscription.

Percentage of Massachusetts Adults Aged 65+ with No Computer and/or No Internet Subscription, 2016-2020



U.S. Census Bureau. (2020). U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates [Excel Data file]. Retrieved from https://data.census.gov/cedsci/table?q=internet&t=Age%20and%20Sex&g=0400000US25,25%240500000&tid=ACSDT5Y2020.B28005&moe=false

Older Adults Were Worried about Access to Technology

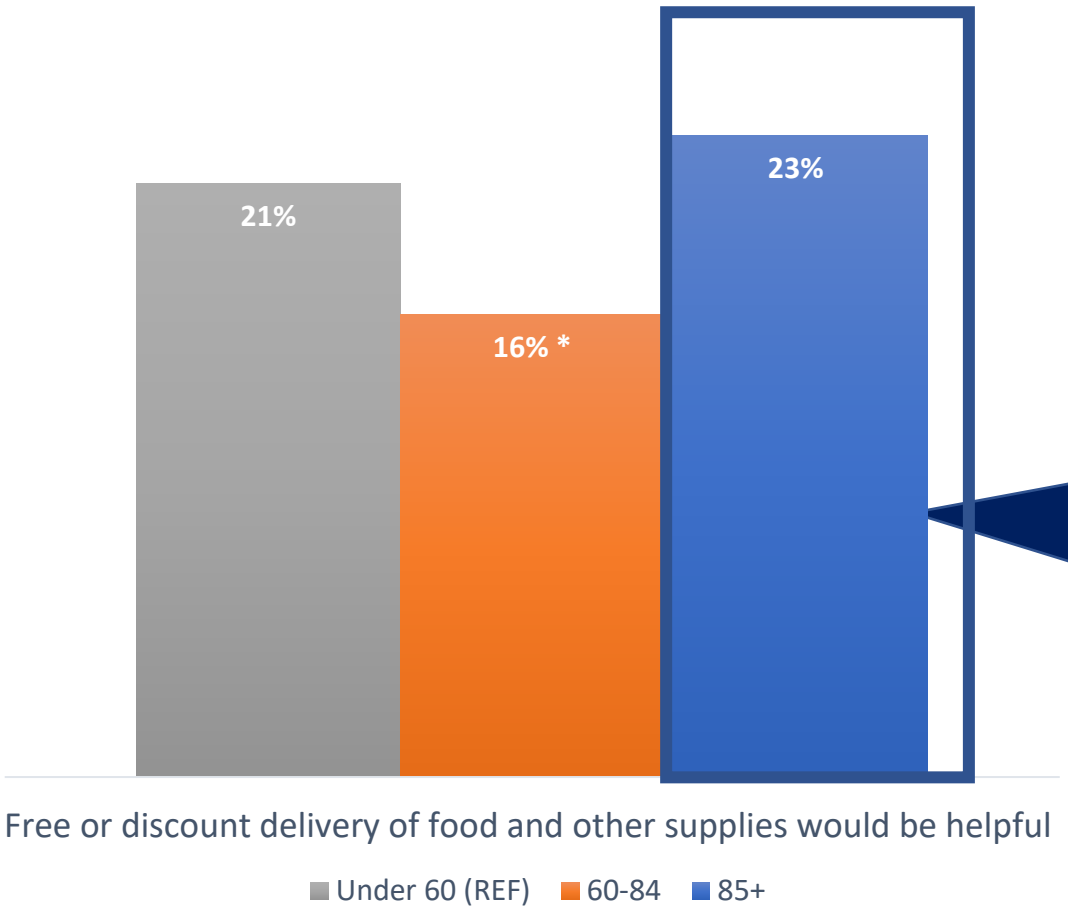


The pandemic increased reliance on technology– impacting access to healthcare, basic needs, COVID information, and connection to family and friends.

*Difference is statistically significant at p. < .05

Older Adults Struggled to Access Food

Adults aged 85+ were concerned about access to **delivery** of food and basic goods.



What would be helpful?

- "Grocery delivery… I live one town too far away, there is no grocery delivery"
- "I live in a rural area, there is no delivery services out here"
- "Price of food has gone up and senior citizens have not received additional financial help
- "PLEASE MAKE EBT AVAILABLE FOR CURBSIDE PICKUP"
- "Ability to use EBT for online food order"

Older adults with one or more disabilities were 2x* as likely to be worried about getting food and groceries as those without a disability.

*Difference is statistically significant at p. < .05.

Older Adults Struggled to Access COVID Testing

Older adults were less likely to be tested for COVID-19 than younger adults (38% vs. 46%)*

Behind not having symptoms/perceived exposure, the top reasons older adults named for never having been tested were:

1. Didn't know where to go

"Could not finish online application for CVS"

"I would like to get tested but would have to travel to a city I am not familiar with, it would be hard for me to find, and I work full-time and can't run around."

"Info to get tested was very confusing from federal state and local governments"

2. Testing location was not accessible[1]

"I have no way to get to a test site"

"Having to wait in line in my car made it hard for me. I am 72 and nothing comes easy these days, so I pretty much stay home!"

"Nearest site is too far for elderly to drive to over 20 miles"

…highlighting structural barriers that continue to impact vaccination access.

1. Indicates agreement with, "The test wasn't available where I wanted to get tested".

Key Takeaways

Older adults…

- Comprise a diverse group who were both severely impacted by COVID and continue to participate in and lead mitigation efforts.
- Experienced significant social and economic impacts, including social isolation and interruptions to food access
- Reported structural barriers to accessing resources with implications for continued pandemic mitigation responses:
  - Communication channels
  - Technology
  - Transportation
  - Cost AND delivery of resources

- Must be included in policy, program development, and community planning to ensure:
  - Recognition of the diversity of needs
  - Tailoring of programming, resources, and the built environment
  - Leveraging of the strengths, leadership, and contributions of older adults

Older Adults & CCIS: Looking Ahead

- Through outreach and alternative data collection methods, improve ability for older adults for whom traditional online survey methods are less accessible to participate in CCIS

- Collaborate with local older-adult focused organizations and local boards of health to:
  - Increase dissemination of CCIS 2.0 survey among older adults to improve representation of the diversity of older adult needs and experiences
  - Utilize CCIS data to inform programming, resource allocation, outreach, and future crisis prevention planning

Next Meeting:

September 14, 2022